

OPTION ONE PPO PLAN

**Short-Term Health Insurance
For When You're In Transition**



Single Payment Plan 30 to 185 days of coverage

It's easy to apply. Just complete the application in this brochure. Apply for next day coverage, affordable rates and a secure, flexible plan.

Visit us at mylifepath.com



Blue Shield of California
Life & Health Insurance Company
An Independent Licensee of the Blue Shield Association

GET COVERED

WITH OPTION ONE PPO SHORT-TERM HEALTH INSURANCE

When you're in between jobs or permanent health plans and need affordable temporary health coverage for yourself or your family, we can help. The Option One PPO short-term health insurance plan from Blue Shield of California Life & Health Insurance Company (Blue Shield Life) offers a range of deductibles and coverage durations to fit your specific needs. And our easy-to-use application means you can get dependable coverage fast.

OPTION ONE OFFERS:

- Affordable rates with convenient upfront payment
- Coverage from 30 to 185 days
- Next day coverage
- Your choice of providers
- An easy application process
- Deductible waived for accidents
- \$2 million benefit maximum per person during the policy term
- \$50,000 AD&D coverage

When you need temporary health coverage, we can help.

HOW THE OPTION ONE PPO SHORT-TERM HEALTH INSURANCE PLAN WORKS

We've designed Option One to give you reliable, short-term coverage without limiting flexibility and access:

- Choose your duration of coverage, from 30 to 185 days.
- Select a deductible amount of \$500, \$1,000, \$1,500, \$2,000 or \$3,000.
- Receive care from your choice of physicians and hospitals in the Blue Shield Life Network, one of the largest in California.
- After you meet your deductible, Blue Shield Life
 - Pays 70 percent of the allowable amount of the first \$5,000 of covered services and 100 percent of the allowable amount for covered services over \$5,000, up to a maximum benefit of \$2 million per person during the policy term.
 - Covers prescription medications (70 percent for generic and 50 percent for branded).
- Coverage includes a \$50,000 accidental death and dismemberment insurance benefit for primary insureds age 18 and older.



ARE YOU ELIGIBLE TO ENROLL?

Option One is ideal for an individual between permanent plans, including someone who has just lost his or her group coverage or is waiting for a new plan to start, or someone waiting for an individual or family health plan application to be approved.

To apply you must meet the following eligibility guidelines:

- You and your dependents are under age 65.
- Your dependent children must be:
 - At least 15 days old.
 - Under age 25, unless disabled.
 - Unmarried, not part of a domestic partnership, and rely on you for support.
- You and your dependents applying for coverage are United States citizens or permanent residents, or have lived in the United States for the past six consecutive months.
- You do not have any other health insurance in force as of the effective date of your Option One plan.



- You and your applying dependents do not work or train in an unusually hazardous occupation, such as heavy construction, sandblasting or asbestos removal, in which you are not covered by workers' compensation.
- You and your applying dependents meet all the eligibility requirements listed in the attached application.
- You are in California when you sign and submit the Option One application.

Important Notice: Short-term health insurance is considered individual health plan coverage. Enrollment in a short-term health plan will affect any eligibility for a guaranteed issue individual plan under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and California state law. To retain eligibility for a guaranteed issue plan your most recent coverage must be under a group health plan (includes accepting and exhausting any available COBRA or Cal-COBRA continuation coverage).

WHAT THE OPTION ONE PPO SHORT-TERM HEALTH INSURANCE PLAN COVERS

Option One can limit your costs in case of unexpected illness and injury. Once your deductible has been met, we pay for charges or expenses for covered services when medically necessary, including:

- Inpatient and outpatient services provided by a licensed physician
- Semi-private hospital room, intensive care unit, and most hospital charges
- Prescription drugs
- X-rays and laboratory exams for diagnostic purposes
- Durable medical equipment
- The following are subject to a benefit maximum as defined in the policy:
 - Ambulance charges
 - Outpatient physical medicine
 - Mental illness, other than severe mental illness and serious emotional disturbances of a child

WHAT THE OPTION ONE PPO SHORT-TERM HEALTH INSURANCE PLAN DOES NOT COVER

The plan does not cover:

- Pre-existing conditions*
- Preventive and routine care such as physical exams and immunizations
- Pregnancy and childbirth
- Nursing homes, convalescent homes or extended care facilities
- Routine dental and vision care
- Injury or sickness covered by workers' compensation

This list is just an overview. Please refer to the General Exclusion Section of your policy for a complete list.

* A pre-existing condition is a medical condition for which, within a six-month period immediately preceding the effective date of coverage by this policy, medical advice, diagnosis, care or treatment, including the use of prescription drugs, was recommended to or received by a covered person from a licensed health practitioner. If an insured was covered by creditable coverage, credit will be given toward the pre-existing condition exclusion period for the time during which the insured was covered, as long as the creditable coverage did not terminate more than 63 days prior to the effective date of the policy. See the policy for the definition of "Creditable Coverage".

ACCESS A BROAD NETWORK OF PROVIDERS

Option One is a Preferred Provider Organization (PPO). That means you can choose from the Blue Shield Life Network of physicians and hospitals, one of the largest in California, as well as from physicians and hospitals outside of the Blue Shield Life Network.

Using network providers has advantages:

- You lower your out-of-pocket costs, because contracted physicians and hospitals agree to accept our negotiated allowable amount* as payment in full.
- You save on time and paperwork because you don't have to submit claims. Network providers submit your claims directly to us.

Finding a network provider is easy. Just go to Find a Provider on **mylifepath.com** or call **(866) 510-8778**.

GO OUTSIDE THE NETWORK IF YOU CHOOSE

You can receive care out of the network. In this case, you pay 30 percent of the allowable amount, plus any charges over and above the allowable amount covered by Blue Shield Life.

Inpatient stays at non-Blue Shield Life Network hospitals have a \$600 per day maximum benefit.

* The allowable amount is (a) the amount Blue Shield has determined is an appropriate payment for the service(s) rendered in the provider's geographic area, based on such factors as Blue Shield's evaluation of the value of the service(s) relative to the value of other services, market consideration and provider charge patterns; (b) such other amount as the Blue Shield Life provider and Blue Shield have agreed will be accepted as payment for the services(s) rendered; or (c) the amount Blue Shield determines is appropriate considering the particular circumstances and the services rendered – if an amount is not described in either (a) or (b) above.



DEDUCTIBLE AMOUNTS

The Option One plan offers five deductible amounts for you to choose from: \$500, \$1,000, \$1,500, \$2,000 or \$3,000.

DEDUCTIBLES WAIVED FOR ACCIDENTS

If an accidental injury occurs, the plan deductible and emergency room deductible will be waived for covered services. The deductible will be waived only for that day's treatment in the ER or urgent care facility; any follow-up treatment will be subject to the deductible (See policy for details).

A HIGH BENEFIT MAXIMUM

You and your enrolled family members are covered for a total maximum benefit of \$2 million per person during the policy term.

RECEIVE ADDED ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Along with Option One, we give you extra coverage by including a \$50,000 benefit for accidental death and dismemberment insurance. This is only available to the primary applicant, age 18 and older.

APPLY FOR ADDITIONAL SHORT-TERM HEALTH COVERAGE

As temporary insurance, your Option One policy is non-renewable. However should you need more coverage after your termination date, you may apply for another Option One plan, provided the total days of coverage haven't exceeded 365 days. If the total days of coverage for all plans combined (Option One and/or Option Twelve) has reached 365 days, there is a mandatory six-month waiting period before you may reapply for any other short-term health insurance plan we offer.

Please note that you must meet all eligibility guidelines to purchase an additional policy. Purchasing an additional policy does not constitute a continuation of your previous policy.

This is an overview of the benefits offered through the Option One short-term health insurance policy ABU5283-CA underwritten by Blue Shield Life. This document is only a summary for informational purposes. It is not a contract or policy. Detailed information is available upon request.

APPLY NOW

FOR OPTION ONE PPO SHORT-TERM HEALTH INSURANCE PLAN

It's simple to apply for coverage. We've provided everything you need right here. Just follow these steps:

STEP 1. Choose your deductible and the number of days you want to be covered.

STEP 2. Find your rate based on:

- Your region (county of residence).
- Your deductible.
- Your coverage period, including any additional days (minimum 30 days, maximum 185 days).
- The age of each applicant on the policy effective date.

STEP 3. Calculate your total premium rate due. Use the rate charts located on the following pages.

STEP 4. Complete the attached application.

STEP 5. Mail or fax the application along with a check or American Express, Visa or MasterCard authorization for the entire premium amount. If you are faxing the application, payment must be by credit card.

Please read the Terms and Conditions and Authorization for Release of Information sections of the application carefully before you sign the application.



Remember, you must include total payment by check or credit card authorization with this application. We will hold your payment while your application is evaluated. This policy is non-renewable, although you may be eligible to apply for a new policy. Coverage is not continuous from one policy to another. If your application is denied, we will refund your payment.

If we approve your application, coverage begins at 12:01 a.m. on the date following the U.S. postmark stamped on the envelope submitted to Blue Shield Life containing your application; if faxed, the day following the date the faxed application is submitted to Blue Shield Life; or if specified, a future effective date within 45 days of application submission.

Once we approve your application and issue a policy, your premium will not be refunded.

Consult your agent for more information.

CALCULATING YOUR PREMIUM RATE

Start by using the total number of days of coverage being requested. To calculate your rate, refer to the closest 30, 60, 90, or 180-day column from the tables below. Then add to that rate any additional days by multiplying the additional days by the applicable daily rate. For example, if 185 days are requested, use the rate for 180 days plus five days calculated at the daily rate.

EXAMPLE:

LOS ANGELES COUNTY (REGION 6)

Deductible: \$500
Coverage Period: 65 days
Ages: Applicant – 39, Spouse – 40,
 Two Children

	First 60 days	Additional Daily Rate	Total Rate
Applicant Rate	\$201 +	\$3.98 x 5 = \$19.90 =	\$220.90
Spouse Rate	\$280 +	\$5.53 x 5 = \$27.65 =	\$307.65
Children Rate	\$116 +	\$2.30 x 5 = \$11.50 =	\$127.50
Total Premium Due =			\$656.05

REGION 1

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Plumas, San Benito, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, Yuba

	AGE*	NUMBER OF DAYS				ADDITIONAL DAILY RATE**
		30	60	90	180	
\$500 DEDUCTIBLE	29 & Under	\$59	\$124	\$198	\$415	\$2.40
	30-39	78	160	255	540	3.16
	40-49	108	224	354	748	4.35
	50-59	166	348	550	1,161	6.75
	60-64	231	484	769	1,619	9.34
	Children***	45	93	148	311	1.80
\$1,000 DEDUCTIBLE	29 & Under	\$41	\$86	\$138	\$293	\$1.66
	30-39	54	114	180	379	2.23
	40-49	74	156	249	525	3.05
	50-59	115	243	388	816	4.71
	60-64	161	338	536	1,143	6.55
	Children***	31	65	104	219	1.25
\$1,500 DEDUCTIBLE	29 & Under	\$36	\$78	\$124	\$261	\$1.51
	30-39	48	101	161	340	2.00
	40-49	66	141	221	469	2.76
	50-59	103	218	345	730	4.23
	60-64	144	305	481	1,018	5.90
	Children***	27	59	93	195	1.14
\$2,000 DEDUCTIBLE	29 & Under	\$33	\$71	\$111	\$235	\$1.38
	30-39	43	91	145	306	1.79
	40-49	59	128	199	424	2.48
	50-59	91	199	311	659	3.85
	60-64	128	276	433	919	5.38
	Children***	25	53	83	176	1.03
\$3,000 DEDUCTIBLE	29 & Under	\$30	\$65	\$101	\$214	\$1.25
	30-39	39	83	132	279	1.62
	40-49	54	117	181	386	2.25
	50-59	83	182	283	600	3.49
	60-64	116	253	394	837	4.87
	Children***	23	49	76	160	0.93

* Age: Rates are per adult insured based on the age on the policy effective date.

** Rate does not apply beyond the 185th day.

REGION 2

Imperial, Kern, Monterey, Napa, Nevada, Placer,
Sacramento, San Luis Obispo, Santa Cruz,
Solano, Sonoma

	AGE*	NUMBER OF DAYS				ADDITIONAL DAILY RATE**
		30	60	90	180	
\$500 DEDUCTIBLE	29 & Under	\$70	\$146	\$234	\$491	\$2.84
	30-39	91	190	304	638	3.70
	40-49	126	264	420	883	5.15
	50-59	196	411	655	1373	7.99
	60-64	271	574	911	1,914	11.11
	Children***	52	110	175	368	2.13
\$1,000 DEDUCTIBLE	29 & Under	\$49	\$104	\$163	\$343	\$1.98
	30-39	64	134	213	445	2.62
	40-49	88	186	294	616	3.64
	50-59	136	290	455	959	5.62
	60-64	190	405	635	1,336	7.72
	Children***	36	78	121	256	1.48
\$1,500 DEDUCTIBLE	29 & Under	\$44	\$93	\$145	\$309	\$1.80
	30-39	57	120	190	401	2.36
	40-49	79	165	263	555	3.24
	50-59	123	258	408	864	4.98
	60-64	170	360	568	1,203	6.98
	Children***	33	69	109	231	1.35
\$2,000 DEDUCTIBLE	29 & Under	\$39	\$83	\$131	\$279	\$1.64
	30-39	51	108	171	361	2.13
	40-49	70	149	236	501	2.91
	50-59	109	231	368	780	4.55
	60-64	151	321	511	1,086	6.30
	Children***	29	61	99	209	1.23
\$3,000 DEDUCTIBLE	29 & Under	\$35	\$75	\$119	\$254	\$1.49
	30-39	46	98	155	329	1.94
	40-49	64	135	214	456	2.64
	50-59	99	209	334	710	4.13
	60-64	137	290	464	989	5.72
	Children***	26	55	90	190	1.12

** Children:

- A single rate is charged for all children insured under your policy.
- Application for child alone is rated on age 29 and under and a separate application for each child is required.
- Newborn children under 15 days of age are not eligible to apply.

REGION 3

Alameda, Contra Costa, Marin, San Francisco,
San Mateo, Santa Clara

	AGE*	NUMBER OF DAYS				ADDITIONAL DAILY RATE**
		30	60	90	180	
\$500 DEDUCTIBLE	29 & Under	\$61	\$130	\$205	\$430	\$2.53
	30-39	81	169	266	560	3.29
	40-49	111	234	369	776	4.55
	50-59	173	364	574	1,209	7.08
	60-64	241	509	799	1,681	9.85
	Children***	46	98	154	323	1.90
\$1,000 DEDUCTIBLE	29 & Under	\$44	\$91	\$144	\$303	\$1.78
	30-39	56	119	188	394	2.33
	40-49	78	164	260	546	3.23
	50-59	121	255	405	850	5.00
	60-64	169	356	565	1,184	6.94
	Children***	32	69	109	228	1.34
\$1,500 DEDUCTIBLE	29 & Under	\$39	\$81	\$129	\$271	\$1.58
	30-39	51	106	168	353	2.06
	40-49	70	146	233	490	2.86
	50-59	109	228	360	763	4.44
	60-64	151	318	504	1,061	6.18
	Children***	29	61	96	204	1.18
\$2,000 DEDUCTIBLE	29 & Under	\$35	\$73	\$116	\$245	\$1.43
	30-39	45	95	151	319	1.85
	40-49	64	131	210	441	2.59
	50-59	98	204	326	686	4.01
	60-64	136	284	454	955	5.54
	Children***	26	55	88	184	1.06
\$3,000 DEDUCTIBLE	29 & Under	\$32	\$67	\$106	\$224	\$1.31
	30-39	41	87	138	292	1.69
	40-49	59	120	192	403	2.37
	50-59	90	187	298	627	3.67
	60-64	124	261	415	873	5.08
	Children***	24	50	80	168	0.97

* Age: Rates are per adult insured based on the age on the policy effective date.

** Rate does not apply beyond the 185th day.

REGION 4

Riverside, San Bernardino, San Diego,
Santa Barbara, Ventura

	AGE*	NUMBER OF DAYS				ADDITIONAL DAILY RATE**
		30	60	90	180	
\$500 DEDUCTIBLE	29 & Under	\$65	\$135	\$214	\$450	\$2.65
	30-39	84	175	276	586	3.48
	40-49	116	244	384	809	4.80
	50-59	179	379	598	1,260	7.45
	60-64	250	528	833	1,756	10.35
	Children***	49	101	160	338	1.99
\$1,000 DEDUCTIBLE	29 & Under	\$45	\$95	\$150	\$316	\$1.89
	30-39	59	124	195	411	2.44
	40-49	83	173	270	570	3.33
	50-59	128	268	420	888	5.21
	60-64	178	373	585	1,235	7.28
	Children***	34	71	113	238	1.41
\$1,500 DEDUCTIBLE	29 & Under	\$40	\$85	\$134	\$283	\$1.68
	30-39	52	110	175	368	2.16
	40-49	73	153	241	509	3.03
	50-59	113	238	375	793	4.71
	60-64	156	330	524	1,104	6.55
	Children***	30	64	101	211	1.26
\$2,000 DEDUCTIBLE	29 & Under	\$36	\$76	\$121	\$255	\$1.48
	30-39	47	99	158	333	1.95
	40-49	65	138	219	460	2.69
	50-59	101	213	340	716	4.16
	60-64	140	296	470	998	5.75
	Children***	27	57	91	191	1.11
\$3,000 DEDUCTIBLE	29 & Under	\$33	\$69	\$110	\$232	\$1.35
	30-39	43	90	144	303	1.78
	40-49	59	125	199	419	2.45
	50-59	92	193	309	651	3.79
	60-64	127	269	427	908	5.24
	Children***	25	52	83	174	1.01

** Children:

- A single rate is charged for all children insured under your policy.
- Application for child alone is rated on age 29 and under and a separate application for each child is required.
- Newborn children under 15 days of age are not eligible to apply.

REGION 5

Orange

	AGE*	NUMBER OF DAYS				ADDITIONAL DAILY RATE**
		30	60	90	180	
\$500 DEDUCTIBLE	29 & Under	\$68	\$141	\$226	\$474	\$2.84
	30-39	88	184	294	616	3.69
	40-49	120	255	406	854	5.11
	50-59	188	395	634	1,326	7.95
	60-64	261	551	881	1,846	11.03
	Children***	50	106	170	355	2.13
\$1,000 DEDUCTIBLE	29 & Under	\$48	\$100	\$158	\$333	\$2.00
	30-39	63	130	206	433	2.60
	40-49	86	180	285	600	3.60
	50-59	135	280	441	933	5.60
	60-64	186	390	615	1,300	7.79
	Children***	36	75	119	250	1.50
\$1,500 DEDUCTIBLE	29 & Under	\$42	\$89	\$141	\$298	\$1.75
	30-39	55	116	184	386	2.29
	40-49	78	160	254	536	3.16
	50-59	120	249	396	836	4.93
	60-64	168	346	551	1,165	6.86
	Children***	32	66	106	224	1.31
\$2,000 DEDUCTIBLE	29 & Under	\$38	\$81	\$128	\$269	\$1.56
	30-39	49	105	166	350	2.04
	40-49	69	145	231	484	2.85
	50-59	106	226	360	753	4.41
	60-64	148	315	500	1,049	6.13
	Children***	28	60	96	201	1.18
\$3,000 DEDUCTIBLE	29 & Under	\$35	\$74	\$116	\$245	\$1.42
	30-39	45	96	150	319	1.86
	40-49	63	132	209	441	2.59
	50-59	96	206	326	686	4.01
	60-64	135	288	453	955	5.58
	Children***	25	55	87	183	1.07

* Age: Rates are per adult insured based on the age on the policy effective date.

** Rate does not apply beyond the 185th day.

REGION 6

Los Angeles

	AGE*	NUMBER OF DAYS				ADDITIONAL DAILY RATE**
		30	60	90	180	
\$500 DEDUCTIBLE	29 & Under	\$73	\$155	\$246	\$520	\$3.06
	30-39	95	201	321	678	3.98
	40-49	133	280	444	938	5.53
	50-59	205	436	691	1,459	8.59
	60-64	285	608	963	2,033	11.91
	Children***	55	116	185	390	2.30
\$1,000 DEDUCTIBLE	29 & Under	\$52	\$110	\$174	\$368	\$2.18
	30-39	68	143	225	476	2.83
	40-49	94	198	314	660	3.91
	50-59	145	306	486	1,028	6.09
	60-64	203	426	678	1,430	8.45
	Children***	39	83	130	275	1.63
\$1,500 DEDUCTIBLE	29 & Under	\$46	\$98	\$155	\$328	\$1.94
	30-39	60	128	201	426	2.49
	40-49	83	176	278	590	3.45
	50-59	129	274	433	918	5.39
	60-64	180	380	603	1,278	7.54
	Children***	35	74	116	245	1.45
\$2,000 DEDUCTIBLE	29 & Under	\$42	\$89	\$141	\$296	\$1.75
	30-39	55	116	183	385	2.24
	40-49	76	160	254	534	3.14
	50-59	119	249	395	833	4.89
	60-64	165	348	550	1,160	6.81
	Children***	31	66	105	223	1.31
\$3,000 DEDUCTIBLE	29 & Under	\$38	\$81	\$128	\$269	\$1.59
	30-39	50	106	166	350	2.04
	40-49	69	146	231	485	2.85
	50-59	108	227	359	757	4.44
	60-64	150	317	499	1,054	6.19
	Children***	28	60	95	203	1.19

** Children:

- A single rate is charged for all children insured under your policy.
- Application for child alone is rated on age 29 and under and a separate application for each child is required.
- Newborn children under 15 days of age are not eligible to apply.

FOR MORE INFORMATION

To find out more about short-term health insurance from Blue Shield Life, please contact your broker or e-mail: shorttermhealth@bscalife.com.

Mail completed applications to:

Blue Shield Life Administration
P.O. Box 750309
Petaluma, CA 94975

Or fax them to:

Fax: (707) 778-0425

Find our Blue Shield Life Network provider directory and links to applications at mylifepath.com.

Hawkins Insurance Services
Authorized Agent
Robert Hawkins DOI #0655770
P.O. Box 42
Spring Valley, CA 91976

Tel: (619) 670-1136
Toll Free: (800) 622-6637
Fax (619) 670-5026
Email: bondpro1@cox.net